



## City of Alexandria RECYCLING IMPLEMENTATION PLAN (RIP) FORM

Alexandria's recycling ordinance requires all commercial business and multifamily properties, including all federal, state, and local government offices and facilities, apartments, condominiums, or homeowners associations (HOAs) that do not have City trash collection services to provide tenants with an on-site recycling program. Businesses are required to collect two recyclable materials they generate in the largest quantities and multifamily properties must recycle mixed paper and mixed beverage containers. The owner or manager of the property must submit this no later than January 1, 2007 and every other year thereafter. All properties that begin operations after July 1, 2006, must submit this form within 60-days after receipt of a City of Alexandria Business License.

Please submit to: RIP Forms, Solid Waste Division, 133 South Quaker Lane, Alexandria, VA 22314, or fax to 703/751-2569. If you have any questions, please call 703/519-3486.<sup>1</sup>

1. Property type: ☐ Business ☐ Condominium/Apartment/Townhouse/HOAs Is this a high-rise?: ☐ Yes ☐ No

2. Name of Property: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

3. Primary contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Which of the above should receive notices and information regarding recycling compliance: ☐ Primary ☐ Secondary ☐ Both

4. Number of buildings and/or additional addresses within this complex: \_\_\_\_\_

(attach a separate sheet if necessary)

Number of total housing units (multifamily only): \_\_\_\_\_

Total square footage (business only): \_\_\_\_\_ Total # employees (business only): \_\_\_\_\_

5. Service provider: \_\_\_\_\_ ☐ Solid waste only ☐ Solid waste and recycling

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

6. Do you use the City drop-off centers, or take your recycling home to your Alexandria residence? ☐ Yes ☐ No

7. Service provider (if more than one): \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Materials collected: \_\_\_\_\_

<sup>1</sup> Please note: the RIP form will be available online and can be submitted electronically in November 2006.

8. Additional service provider (kitchen grease, hazardous waste, or other): \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Materials collected: \_\_\_\_\_

9. Cleaning company (if not in-house staff): \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

10. Business or property type: (businesses, please check all that apply):

- |                                      |   |  |                                    |   |
|--------------------------------------|---|--|------------------------------------|---|
| <input type="checkbox"/> Office      | <input type="checkbox"/> Auto repair    | <input type="checkbox"/> Beauty/barber | <input type="checkbox"/> Education | <input type="checkbox"/> Bar/restaurant |
| <input type="checkbox"/> Grocery     | <input type="checkbox"/> Health/medical | <input type="checkbox"/> Retail        | <input type="checkbox"/> Service   | <input type="checkbox"/> Hotel/motel    |
| <input type="checkbox"/> Other _____ |   |  |                                    |   |

11. How many employees/tenants work or live at this location? (check one)

- ☐ Less than 10      ☐ 11-50      ☐ 51-100      ☐ 101-300      ☐ 301-500      ☐ More than 500

12. Check the TWO primary materials recycled at this business/property (businesses must select at least two items; multifamily and HOAs must select mixed paper and mixed beverage containers):

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Mixed paper    | <input type="checkbox"/> Cardboard            | <input type="checkbox"/> Newspapers     | <input type="checkbox"/> Mixed beverage containers (i.e., glass, plastic, aluminum, steel) |
| <input type="checkbox"/> Pallets        | <input type="checkbox"/> Brush, leaves, grass | <input type="checkbox"/> Food waste     | <input type="checkbox"/> Scrap metal <input type="checkbox"/> Textiles                     |
| <input type="checkbox"/> Kitchen grease | <input type="checkbox"/> Anti-freeze          | <input type="checkbox"/> Used motor oil | <input type="checkbox"/> Electronics   |

Additional materials to be recycled, if any: \_\_\_\_\_

13. Check the locations of your property where tenants will place their recyclables for collection:

- ☐ Outside each unit      ☐ Trash closet on each floor      ☐ One central location      ☐ Multiple locations

14. If you are a small business generating less than 4-bags of recyclables a week you can use the City's drop-off centers for recycling. Please check here if you have chosen this option      ☐ Yes, we are using the City's drop-off collection centers

15. How many solid waste collection containers are located at this property, what size are they, and how often are the serviced? (check your bill or contact your hauler and attach a separate sheet if necessary)

Number	Size	Frequency	Percent full
_____	_____	<input type="checkbox"/> 1x/wk <input type="checkbox"/> 2x/wk <input type="checkbox"/> 3x/wk <input type="checkbox"/> 4x/wk <input type="checkbox"/> 5x/wk <input type="checkbox"/> 6x/wk <input type="checkbox"/> 7x/wk	_____
_____	_____	<input type="checkbox"/> 1x/wk <input type="checkbox"/> 2x/wk <input type="checkbox"/> 3x/wk <input type="checkbox"/> 4x/wk <input type="checkbox"/> 5x/wk <input type="checkbox"/> 6x/wk <input type="checkbox"/> 7x/wk	_____
_____	_____	<input type="checkbox"/> 1x/wk <input type="checkbox"/> 2x/wk <input type="checkbox"/> 3x/wk <input type="checkbox"/> 4x/wk <input type="checkbox"/> 5x/wk <input type="checkbox"/> 6x/wk <input type="checkbox"/> 7x/wk	_____

13. How many recycling collection containers are located at this property, what size are they, and how often are the serviced? (check your bill or contact your hauler and attach a separate sheet if necessary)

Number	Size	Frequency	Percent full
_____	_____	<input type="checkbox"/> 1x/wk <input type="checkbox"/> 2x/wk <input type="checkbox"/> 3x/wk <input type="checkbox"/> 4x/wk <input type="checkbox"/> 5x/wk <input type="checkbox"/> 6x/wk <input type="checkbox"/> 7x/wk	_____
_____	_____	<input type="checkbox"/> 1x/wk <input type="checkbox"/> 2x/wk <input type="checkbox"/> 3x/wk <input type="checkbox"/> 4x/wk <input type="checkbox"/> 5x/wk <input type="checkbox"/> 6x/wk <input type="checkbox"/> 7x/wk	_____
_____	_____	<input type="checkbox"/> 1x/wk <input type="checkbox"/> 2x/wk <input type="checkbox"/> 3x/wk <input type="checkbox"/> 4x/wk <input type="checkbox"/> 5x/wk <input type="checkbox"/> 6x/wk <input type="checkbox"/> 7x/wk	_____

15. How will you inform your tenants about your recycling program? Please check all that apply:

- ☐ Tell them face to face   ☐ Put labels on collection containers   ☐ Post notices in common areas   ☐ Give them written instructions  
(Please enclose copies of any notices or instructions)

16. I certify that the information herewith provided is true and accurate to the best of my knowledge and realize that the reporting of false information can result in a violation of Chapter 5 of the Code of the City of Alexandria.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

\_\_\_\_\_  
By: \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_